



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE TO ELECT JIM BOCK							
Street Address	1000 MARIANNA AVE							
City	ERIE	State	PA	Zip Code	16509			
Type of Report (Place x under report type)								
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/07/2017	Year	2017		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>
Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only					
	10/24/2017	11/27/2017						
A. Amount Brought Forward From Last Report	\$	6,824.32						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,250.00						
C. Total Funds Available (Sum of Lines A and B)	\$	8,074.32						
D. Total Expenditures (From Schedule III)	\$	6,358.31						
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1,716.01						
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00						
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2,000.00						
Affidavit Section								
Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.								
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.								
Sworn to and subscribed before me this								
day of NOV. 20 17								
Signature			Signature of Person Submitting report					
4-3-19			Printed Name					
MO. DAY YR.			Area Code					
			Daytime Telephone Number					
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.								
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.								
Sworn to and subscribed before me this								
day of NOV. 20 17								
Signature			Signature of Candidate					
4-3-19			Printed Name					
MO. DAY YR.			Area Code					
			Daytime Telephone Number					

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	300.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0.00
All Other Contributions (Part B)		\$	550.00
Total for the reporting period	(2)	\$	550.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0.00
All Other Contributions (Part D)		\$	400.00
Total for the reporting period	(3)	\$	400.00
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0.00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	1,250.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number											
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										Amount	
Full Name of Contributing Committee		N/A						Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

Full Name of Contributor		JAMES R. WALCZAK		Date [MM/DD/YYYY]	10/27/2017	\$	200.00
House #	11804	Street Address	OLD LAKE RD	Date [MM/DD/YYYY]		\$	
City	NORTHEAST	State	PA	Zip Code	16428	Date [MM/DD/YYYY]	\$
Full Name of Contributor		ROBERT GANDLEY		Date [MM/DD/YYYY]	10/27/2017	\$	150.00
House #	47	Street Address	S. PARK ROW	Date [MM/DD/YYYY]		\$	
City	GIRARD	State	PA	Zip Code	16417	Date [MM/DD/YYYY]	\$
Full Name of Contributor		MARK J. SHAW		Date [MM/DD/YYYY]	10/27/2017	\$	100.00
House #	4345	Street Address	COLT LN	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Full Name of Contributor		MARK T. PAVKOV		Date [MM/DD/YYYY]	10/27/2017	\$	100.00
House #	3607	Street Address	ASBURY RD	Date [MM/DD/YYYY]		\$	
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART C
Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:									
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Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
N/A								
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$		
City	State			Zip Code	Date [MM/DD/YYYY]	\$		

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Contributor				Date [MM/DD/YYYY]		\$
EVAN E. ADAIR				10/25/2017		400.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
246	W. 10TH ST					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
ERIE	PA	16501				
Employer Name			Occupation			
EVAN E. ADAIR-ATTNY			ATTORNEY			
Employer Mailing Address / Principal Place of Business						
246 W 10TH ST ERIE PA 16501						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						

PART E
Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip
Code

Date [MM/DD/YYYY]

\$

Receipt Description

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
N/A								
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribution								

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:

Full Name of Contributor

N/A

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Employer Name

Occupation

Employer Mailing Address / Principal
Place of BusinessDescription
of
Contribution

Full Name of Contributor

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Employer Name

Occupation

Employer Mailing Address / Principal
Place of BusinessDescription
of
Contribution

Full Name of Contributor

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Employer Name

Occupation

Employer Mailing Address / Principal
Place of BusinessDescription
of
Contribution

Full Name of Contributor

Date [MM/DD/YYYY]

\$

House #

Street Address

Date [MM/DD/YYYY]

\$

City

State

Zip Code

Date [MM/DD/YYYY]

\$

Employer Name

Occupation

Employer Mailing Address / Principal
Place of BusinessDescription
of
Contribution

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	0
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	0
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	0
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SCHEDULE III
Statement of Expenditures

Filer Identification Number:

To Whom Paid		WCTL RADIO		Date [MM/DD/YYYY]	\$	400.00
House #	10912	Street Address	PEACH ST	Description of Expenditure		
City	WATERFORD	State	PA	Zip Code	16441	RADIO ADVERTISING
To Whom Paid		CONNOISSEUR MEDIA		Date [MM/DD/YYYY]	\$	999.60
House #	1	Street Address	BOSTON STORE PL	Description of Expenditure		
City	ERIE	State	PA	Zip Code	16501	RADIO ADVERTISING
To Whom Paid		KIM KOBY		Date [MM/DD/YYYY]	\$	4,080.68
House #	2040	Street Address	W 8TH ST	Description of Expenditure		
City	ERIE	State	PA	Zip Code	16505	DIRECT MAIL FLYER
To Whom Paid		ERIE COUNTY REPUBLICAN COMM.		Date [MM/DD/YYYY]	\$	80.00
House #	8345	Street Address	EDINBORO RD	Description of Expenditure		
City	ERIE	State	PA	Zip Code	16509	RALLY ENTRY FEE
To Whom Paid		WEGMAN'S		Date [MM/DD/YYYY]	\$	54.46
House #	6143	Street Address	PEACH ST	Description of Expenditure		
City	ERIE	State	PA	Zip Code	16509	DRINKS FOR WATCH PARTY
To Whom Paid		JIM BOCK		Date [MM/DD/YYYY]	\$	50.00
House #	1000	Street Address	MARIANNA AVE	Description of Expenditure		
City	ERIE	State	PA	Zip Code	16509	REIMBURSE FOR ECRC BASKET DONATION
To Whom Paid		BEER & POP DISCOUNT WAREHOUSE		Date [MM/DD/YYYY]	\$	113.57
House #	901	Street Address	PENINSULA DR	Description of Expenditure		
City	ERIE	State	PA	Zip Code	16505	BEER & POP FOR WATCH PARTY
To Whom Paid		PRESQUE ISLE PIZZA		Date [MM/DD/YYYY]	\$	100.00
House #	3150	Street Address	W 32ND ST	Description of Expenditure		
City	ERIE	State	PA	Zip Code	16506	WATCH PARTY

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		TRI-STATE SENIOR NEWS			Date [MM/DD/YYYY]	\$	480.00
House #	Street Address	P.O. BOX 3056			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16508	ADVERTISING	

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:

Name of Creditor		JAMES S. & RACHEL E. BOCK				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
1000	MARIANNA AVE	06/19/2017				2,000.00	
City	State	Zip Code					
ERIE	PA	16509					
Description of Debt							
LOAN TO COMMITTEE							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
City	State	Zip Code					
Description of Debt							